

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R2)

## CERTIFICATE OF DEATH

01638

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County GarrettCity or town Kempton, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Kempton, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James Edward Albright.

## 3 (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) November 8th, 1945

8. AGE: Years Months Days If less than one day

639

hrs.

min.

9. Birthplace Oakland, Maryland.

(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER 12. Name Joseph E. Albright.13. Birthplace Kingwood, W. Va.MOTHER 14. Maiden name Martha Lewis.15. Birthplace Corinth, W. Va.16. Informant Joseph E. Albright.Address Kempton, W. Va.17. Burial Date thereof February 19/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland CemeteryLocation Oakland, Maryland.18. Funeral director Emory D. GoldenAddress Oakland, Md.19. Feb. 18 19 46 Julia Newen

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 17th, 1946 at 8:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death to 19

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

DURATION

Accidental AsphyxiationDue to Covers on bed accidentally got over babyafter parents arose in morning. S. & P.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/17/46Where did injury occur? Kempton Garrett no

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury AsphyxiationInjured at work? NoSignature E. J. Zimmerman Dept. Med.SummerAddress Oakland, Md.Garrett Co. Md.

23. SIGNATURE \_\_\_\_\_

M. D. or other

Date signed 2/28/46

RECEIVED

MAR 7 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01566

## 1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Elsie Idella Wotring Ashby.

## 3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced6. (b) Name of husband or wife Earl Ashby.

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) January 26th, 1886.8. AGE: Years 60 Months 1 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Oakland, Maryland.  
(Town, county, and state)10. Usual occupation House wife.

11. Industry or business \_\_\_\_\_

12. Name Abraham C. Wotring.13. Birthplace Aurora, W. Va.14. Maiden name Christiana Eckard.15. Birthplace Pennsylvania.16. Informant Mrs. William McRobie.Address Oakland, Maryland.17. Burial Burial Date thereof March 26/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland Cemetery.Location Oakland, Maryland.18. Funeral director Emory D. BoldenAddress Oakland, Md.19. Mar. 2 1946 Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH February 28th 1946 at 6:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 24 1946 to Feb. 28 1946and that I last saw him or alive on Feb. 24 1946Immediate cause of death Acute Myocardial

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. D. Bolden M. D. or other \_\_\_\_\_Address Oakland, Md. Date signed 2/29/46

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

MAR 7 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

01640

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
 City or town Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Michael Joseph Carney, Jr.

## 3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower.  
 6.(b) Name of husband or wife Mary Treacy Carney  
Deceased 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) August 15th, 1859.  
 8. AGE: Years 87 Months 6 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hutton, Maryland.  
 (Town, county, and state)  
 10. Usual occupation Retired B. & O. Forman.  
 11. Industry or business \_\_\_\_\_  
 FATHER 12. Name Michael J. Carney, Sr.  
 13. Birthplace Ireland.  
 MOTHER 14. Maiden name Bridget Hanehan.  
 15. Birthplace Ireland.

16. Informant Mrs. A. G. Heslen.  
 Address Oakland, Maryland.  
 Burial Date thereof March 4/4 6  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Peter's Cemetery.  
 Location Oakland, Maryland.

18. Funeral director Emory D. Bolden,  
 Address Oakland Md  
 19. Date rec'd by registrar Mar 3 19 46 Julia G. Rowan Registrar

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH February 28th, 19 46, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 45 to Feb 19 46  
 and that I last saw him alive on Jan 20 19 46

Immediate cause of death Coronary Sclerosis  
 Due to Arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ed Benjamin M.D. M. D. or other  
 Address Oakland Md Date signed 2/28/46

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MAR 7 1946

BUREAU V 6

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

## CERTIFICATE OF DEATH

Reg. Dist. No. 172

## 1. PLACE OF DEATH:

County GarrettCity or town Vindex  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 mon.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Vindex  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Edith Marie Doman

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) June 27, 1945  
6. (c) If alive, give age ..... years8. AGE: Years Months Days If less than one day  
- 8 0 ..... hrs. .... min.9. Birthplace Vindex, Garrett Co., Md.  
(Town, county, and state)10. Usual occupation Infant

## 11. Industry or business

Earl Denton Doman12. Name Hartmansville, W. Va.13. Birthplace Rosetta Jane Kent14. Maiden name Vindex, Md.

15. Birthplace

16. Informant Mrs. Earl DomanAddress Vindex, Md.17. Burial Date thereof Mar. 2, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Zion Cemetery Co., Md.Location Mt. Zion Garrett Co., Md.18. Funeral director Otha F. SharplessAddress Blaine, W. Va.19. 2/28 46 Alv. Barwick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 27, 1946, 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 25, 1946, to Feb. 27, 1946  
and that I last saw him/her alive on Feb. 27, 1946

Immediate cause of death .....

DURATION

Bilateral Broncho-Pneumonia 7 daysDue to Influenza + 3 days

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury Injured at work?

23. SIGNATURE Ralph Colander, M.D. M. D. or otherAddress Blaine, W. Va. Date signed Feb. 28, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 4 1946

BUREAU V.B.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md)

## CERTIFICATE OF DEATH

01642 / 62  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Garrett  
City or town..... Jennings  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 12 H  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Garrett  
City or town..... Rural Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Nettie Louise Durst

## 3. (b) Social Security Number

None

4. Sex..... F 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... July 11- 1931

8. AGE: Years..... 14 Months..... 6 Days..... 28 If less than one day..... hrs. .... min.

9. Birthplace..... Rural Near Grantsville Md  
(Town, county, and state)

10. Usual occupation..... School Girl

11. Industry or business.....

12. Name..... Victor Durst13. Birthplace..... Rural Near Grantsville14. Maiden name..... Nellie Beaman15. Birthplace..... Near Bittering Md16. Informant..... Victor DurstAddress..... Grantsville Md

17. Burial Date thereof..... 2-10-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... DurstLocation..... Rural Near Grantsville Md18. Funeral director..... Wm WinterbergAddress..... Grantsville Md

19. Feb 8 1946 Elder Registrar  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 8 1946, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1946 to Feb 8 1946 and that I last saw him alive on Feb 8 1946

Immediate cause of death..... Chronic Valvular heart disease DURATION..... 14 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE..... W. R. Davis M.D. M. D. or other

Address..... Grantsville Md Date signed..... Feb 5

RECEIVED  
FEB 9 1946  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

## CERTIFICATE OF DEATH

01643

Reg. Dist. No. 163

## 1. PLACE OF DEATH:

County Garrett  
 City or town Bloomington  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Garrett  
 City or town Bloomington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Albert Wesley Farris

## 3. (b) Social Security Number

236-03-2576

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Bessie Ervin6.(c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) Dec. 25, 1883

8. AGE: Years 62 Months 2 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Great-Capon-Morgon- W.Va.  
(Town, county, and state)10. Usual occupation Merchant.11. Industry or business Grocery12. Name Jacob Farris13. Birthplace Not known14. Maiden name Margaret Foreback15. Birthplace Penn.16. Informant Mrs. Bessie FarrisAddress Bloomington, Md.17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof Mar. 2, 1946  
(month) (day) (year)Cemetery or crematory Nethken Hill Cem.Location Elkgarden, W.Va.18. Funeral director Ellsworth S. Boal.Address Westernport, Md.19. Mar. 2, 1946 Corsey Pattison  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1946 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27, 1946 to Feb. 27, 1946and that I last saw him alive on Feb. 27, 1946Immediate cause of death Cerebral Hemorrhage DURATION 12 hoursDue to Hypertensive vascular disease 1 yr.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James S. Webster Jr M.D. M. D. or other \_\_\_\_\_Address Piedmont W. Va. Date signed Feb. 28, 1946

RECEIVED

MAR 4 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01644

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Mt. Lake Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year 10 months 21 days  
 Hospital, institution, or street address where death occurred:  
Kiser Nursing Home  
 How long in hospital or institution? 1 year 10 months 21 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State West Virginia County Preston  
 City or town Terra Alta  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route # 3  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ---

## 3.(a) FULL NAME

Mary Catharine Ford

## 3.(b) Social Security Number

4. Sex <b>Female</b>	5. Color or race <b>White</b>	6.(a) Single, married, widowed, or divorced <b>Married</b>
6.(b) Name of husband <b>John S. Ford</b>		
6.(c) If alive, give age <b>71</b> years		
7. Birth date of deceased (mo., day, yr.) <b>June 10, 1882.</b>		
8. AGE: Years <b>63</b>	Months <b>8</b>	Days <b>4</b> If less than one day hrs. min.
9. Birthplace <b>Wana, Monongalia, West Virginia.</b> (Town, county, and state) <b>Housewife</b>		
10. Usual occupation		
11. Industry or business		
FATHER	12. Name <b>James A. Parks</b>	
	13. Birthplace <b>Wana, W. Va.</b>	
MOTHER	14. Maiden name <b>Mary Ellen Burnfield</b>	
	15. Birthplace <b>Jollytown, Pa.</b>	
16. Informant <b>Mrs. George Creamer</b> Address <b>Terra Alta, W. Va.</b>		
17. Removal and burial <b>February 18, 1946</b> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or place of interment <b>Pine Run near Terra Alta, W. Va.</b> Location <b>Preston, W. Va.</b>		
18. Funeral director <b>Julia Rouse</b> Address <b>Terra Alta, W. Va.</b>		
19. (Date rec'd by registrar) <b>Feb 18, 1946</b>		

## MEDICAL CERTIFICATION

20. DATE OF DEATH **February 14, 1946.** 19. **10:20 P.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **4-10-44** to **2-14-46**and that I last saw him **or** alive on **2-13-46** 19.Immediate cause of death **Paralysis**  
**Cerebral Hemorrhage**DURATION  
**2 days**Due to **High Blood pressure and**  
**valvular heart disease****2 years**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **Julia Rouse** M. D. or otherAddress **Oakland, Md.** Date signed **2-17-46.**

RECEIVED  
MAR 7 1946  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 750

## CERTIFICATE OF DEATH

01645

Reg. Dist. No. 172

## 1. PLACE OF DEATH:

County GarrettCity or town Bayard  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Bayard  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Charles Jacob Funk

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Annie Dale (Sypolt) Funk6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) December 19, 18708. AGE: Years 75 Months 1 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Barbour Co., W.Va.  
(Town, county, and state)10. Usual occupation Woodman

## 11. Industry or business

12. Name William Funk  
13. Birthplace Barbour Co., W.Va.14. Maiden name Mary Spangler

15. Birthplace \_\_\_\_\_

16. Informant Mrs. Annie Funk  
Address Bayard, W.Va.17. Burial Burial Date thereof Feb. 16, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Bayard Cemetery  
Bayard, W.Va.

Location \_\_\_\_\_

18. Funeral director Otha F. Sharpless  
Address Blaine, W.Va.19. 2/15/46 AWB  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_Immediate cause of death cardiac  
decompensation

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations ✓

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of \_\_\_\_\_Where did injury occur? no  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury ✓ Injured at work? \_\_\_\_\_23. SIGNATURE W. L. Drinker M. D. or other 1946Address Yomania, W.Va. Date signed Feb. 16

RECEIVED

MAR 4 1946

BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth of deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH



Reg. Dist. No. 167

FILM No. 100 FEB 12 1946

### 1. PLACE OF DEATH:

County Garrett  
City or town Oakland Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garrett  
City or town Oakland Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Redhouse Md.  
(If rural, give LOCATION)

2(a) If veteran, name war

### 3. (a) FULL NAME

Mary Jane Hamilton

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Francis Hamilton

6. (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) July 26 1865 1866

8. AGE: Years Months Days If less than one day  
79 7   hrs. min.

9. Birthplace Morgantown, W. Va.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James May

13. Birthplace ?

MOTHER 14. Maiden name Anna Smith

15. Birthplace England

16. Informant James Hamilton

Address Oakland, Md.

17. Burial Date thereof Feb. 6 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Morgantown, W. Va.

18. Funeral director Wayne C. George

Address Davis, W. Va.

19. 2/5 19 46 Emery C. Shaffer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1946 19 46 at 2:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to Feb 3 1946  
and that I last saw her alive on Jan 29 1946

Immediate cause of death Myocardial infarction

chronic pneumonia

DURATION

5 days

Due to Debility + inactivity

1 yr.

Due to Atherosclerosis + Hypertension

20 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, M.D. M. D. or other

Address Eggleston, W. Va. Date signed 2/4/46

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FEB 6 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 01647 / 66

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(c) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lloyd Carl Liller.

## 3. (b) Social Security Number

213-22-3824

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married.6. (b) Name of husband or wife Hildah Turner Liller.8. (c) If alive, give age 36 years7. Birth date of deceased (mo., day, yr.) August 11th, 19088. AGE: Years Months Days If less than one day  
37 6 14 hrs. min.9. Birthplace Oakland, Maryland.  
(Town, county, and state)10. Usual occupation Barber

## 11. Industry or business

12. Name Charles Ira Liller.13. Birthplace Eglon, W. Va.14. Maiden name Ida Kesner.15. Birthplace Pennelton, County, W. Va.16. Informant Mrs. Hildah T. Liller.Address Oakland, Maryland.17. Burial Date thereof February 28/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland Cemetery.Location Oakland, Md.18. Funeral director Wesley B. BoldenAddress Oakland, Md.19. Date rec'd by registrar Feb. 27 46 Julia J. Rowan Registrar

## MEDICAL CERTIFICATION

P.M

20. DATE OF DEATH February 25th 1946 at 6:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

flamming after deathand that I last saw him alive on 19

Immediate cause of death

Acute Respiratory Failure

DURATION

Due to Acute Alcoholism

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE Wesley B. Bolden Ida Kesner

M. D. or other

Address Oakland, Md. Date signed 2/27/46

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RECEIVED BY THE DIRECTOR OF THE BUREAU OF INVESTIGATION

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MAR 7 1946

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

## CERTIFICATE OF DEATH

01648

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County... Garrett

City or town... Sang Run, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett

City or town... Sang Run, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mrs. Nora Victoria Sines.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow.

6. (b) Name of husband or wife Harrison Sines.

Deceased

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Sept 24th 1882.

8. AGE: Years Months Days If less than one day  
63 5 1 .....hrs. ....min.9. Birthplace Preston County, W. Va.  
(Town, county, and state)

10. Usual occupation House wife.

## 11. Industry or business

12. Name James Sines.

13. Birthplace West Virginia.

14. Maiden name Molley Wolfe.

15. Birthplace Preston, Co., W. Va.

16. Informant Mr. Theodore M. Reckart.

Address Deer Park, Maryland.

17. Burial Date thereof February 27/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sang Run, Cemetery.

Location Sang Run, Maryland.

18. Funeral director Eusey D. Bolden

Address Oakland, Md.

19. 2-27-46 Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH February 25th 1946 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 Jan 1946 to 25 Feb 46 and that I last saw her alive on 22 Feb 1946.

Immediate cause of death Cerebral Hemorrhage DURATION

Due to Arteriosclerosis

Due to Hypertensive Cardio-vascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L.S. Haver M.D. M. D. or other

Address Oakland, Md. Date signed 26 Feb 46

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MAR 7 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Mt. Lake Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 weeks  
 Hospital, institution, or street address where death occurred:  
Kisers Nursing Home  
 How long in hospital or institution? 6 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Oakland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION) \_\_\_\_\_  
 2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Mary Martha Stump

## 3.(b) Social Security Number

-----

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Jacob Stump  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) August 14, 1854  
 8. AGE: Years 91 Months 6 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Garrett Co., Md.  
 (Town, county, and state)  
 10. Usual occupation House Wife  
 11. Industry or business Own Home

12. Name Solomon Calhoun  
 13. Birthplace unknown  
 14. Maiden name Mary Swires  
 15. Birthplace unknown

16. Informant Mrs. Mary Kiser  
 Address Mt. Lake Park, Md.

Burial Feb. 24, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
Beech Run Cemetery Nr.  
 Cemetery or crematory  
Terra Alta Preston Co., W. Va.  
 Location

18. Funeral director Herbert C. Leighton  
Oakland, Maryland.  
 Address

19. Feb. 24, 1946 Julius A. Rowan  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1946 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-2-46 to 2-22-46  
 and that I last saw him alive on 2-21-46  
 Immediate cause of death Dilated Heart 1 day

Due to Valvular heart and Chronic Nephritis  
2 months

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Edward E. Jones MD  
 M. D. or other \_\_\_\_\_  
 Address #2423-46 Oakland Date signed \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

State of Maryland, Department of Health

CERTIFICATE OF DEATH

THE UNDERSIGNED, JAMES H. HARRIS, M.D.,

Physician, State of Maryland,

do hereby certify that

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FEB 27 1946  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
birth date is shown on  
FILE NO. I O 4 MAY 28 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

Reg. Dist. No.

162

### 1. PLACE OF DEATH:

County Garrett  
City or town Rural Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 36 Years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett  
City or town Rural Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

Mary Swager

### 3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Ritchard Swager  
6.(c) If alive, give age 66 years  
7. Birth date of deceased (mo., day, yr.) August 3- 1899 1889  
8. AGE: Years 56 Months 6 Days 25 If less than one day  
hrs. min.

9. Birthplace Rural Near Grantsville Md  
(Town, county, and state)  
10. Usual occupation House Work  
11. Industry or business  
12. Name Isac Spiker  
13. Birthplace Near Grantsville Md  
14. Maiden name Maria Spiker  
15. Birthplace Near Grantsville Md

18. Informant Charles Swager  
Address Grantsville Md

17. Burial Date thereof March 3- 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Mount Zion  
Location 7. Mile East of Grantsville on

18. Funeral director Wm Wintersberg R. 40  
Address Grantsville Md

19. March 8 46 Ethel Broadwater  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 19 46 at 10:00 p. M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death 19  
and that I fast saw h. alive on 19

Immediate cause of death Carcinoma Left Breast  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Ed Baunfarther M.D. Sept. recd.  
Dailean M.D. M. D. or other  
Address 3/2/46 Date signed

RECEIVED  
MAR 9 1946  
BUREAU V.S.